

## PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 7175-76080

## Box No. I TITLE OF INVENTION

EQUIPMENT SUPPORT HAVING ROTATABLE BUMPERS AND HOOKS

## Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HILL-ROM SERVICES, INC.  
300 Delaware Avenue, Suite 530  
Wilmington, DE 19801  
US

Telephone No.  
(812) 934-8649Facsimile No.  
(812) 934-1633

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:  
USState (that is, country) of residence:  
USThis person is applicant  
for the purposes of:☐ all designated  
States☒ all designated States except  
the United States of America☐ the United States  
of America only☐ the States indicated in  
the Supplemental Box

## Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GRAHAM, Mark Alan  
1655 Woodland Greens Boulevard  
Springboro, OH 45066  
US

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box is  
marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
USState (that is, country) of residence:  
USThis person is applicant  
for the purposes of:☐ all designated  
States☐ all designated States except  
the United States of America☒ the United States  
of America only☐ the States indicated in  
the Supplemental Box☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

## Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf  
of the applicant(s) before the competent International Authorities as:☒ agent☐ common  
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CONARD, Richard D.  
BARNES & THORNBURG  
11 South Meridian Street  
Indianapolis, IN 46204  
US

Telephone No.  
(317) 236-1313Facsimile No.  
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Agent's registration No. with the Office  
27321

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

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**Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NEWKIRK, David C.  
1274 Skyview Circle  
Lawrenceburg, IN 47025  
US

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

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This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

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State (that is, country) of residence:

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☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

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☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

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*See Notes to the request form*